MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEB SITE ADDRESS:

http://ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties

as defined in Government Code section 12586.1. IRS extensions will be honored.					-	
State Charity Registration Number: CT 124243				MAR 1 3	3 20	13
AFRICAN AMERICAN ARTS AND CULTURE COMPLEX Name of Organization		Chai	nge of address			
				Registry of Charitable Trusts		
		Amended report				
762 FULTON STREET		Corporate or Organization No.		2544639		
Address (Number and Street)		Corporate or organization No.		201100		
SAN FRANCISCO, CA 94102		Federal Employer I.D. No. 20-0118582		20-0118582		
City or Town, State and ZiP Code						
ANNUAL REGISTRATION Make Ci	I RENEWAL FEE SCHEDULE (11 Ca neck Payable to Attorney General's I	I. Code Reg Registry of C	s. sections 301-307 Charitable Trusts	7, 311 and 312)		
Gross Annual Revenue Fee	Fee Gross Annual Revenue Fee Gross Annu			venue	Fee	<u> </u>
Less than \$25,000 0	an \$25,000 0 Between \$100,001 and \$250,000 \$50 Between \$1			001 and \$10 million	\$15	50
Between \$25,000 and \$100,000 \$25		Between \$250,001 and \$1 million \$75 Between \$10,000 Greater than \$50			\$22 \$30	
PART A - ACTIVITIES						
For your most recent full accounting period (beginning $\frac{07/01/2011}{1}$ ending $\frac{06/30/2012}{335,087}$) list:						
PART B - STATEMENTS REGARDING OR						
Note: If you answer "yes" to any of the cand details for each "yes" response	uestions below, you must attach a see. Please review RRF-1 instruction	separate she s for informa	eet providing an ex ation required.	pianation 		,
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization					Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had						
any financial interest?						X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?						Х
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?						x
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.						х
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used?						
If "yes," provide an attachment listing the name, address, and telephone number of the service provider.						X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.						Х
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating						х
the number of raffles and the date(s) they occurred. 8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is					<u> </u>	
operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.						X
Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?						Х
Organization's area code and telephone number	415-922-2049					
Organization's e-mail address						
I.declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true,						
correct and somplete.						
	RANCEE COVINGTON Intel Name		NTERIM DIF	RECTOR /5/1	20	12
Signature of authorized officer/ P	III.GG (VGIIIG	"		Julio		

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